EXHIBIT 4
DATE 3.11.15
HB 509

HB 509

ESTABLISHING THE NATIVE AMERICAN AND RURAL YOUTH SUICIDE PREVENTION PILOT PROJECT

Respected Chairman and Respected Committee Members,

I rise in Support of House Bill 509, which would create a Native American and Rural Youth Suicide Prevention Pilot Project. This is a citizens and personal bill for me because of experiences living on the reservation and also being a suicide survivor myself. I can relate to a lot of people who have taken lives and these are not weak people but tired people.

In Native American Culture, it is not culturally appropriate to talk about the dead and most western medicine clinics do not understand this part of Native American Culture or the importance of culture to Native Americans because one size fits all does not work for Native Country. The mental health bills that have come forward this legislation are the same old ones that do not achieve adequate results needed for Native Communities instead playing upon poverty porn (*has been defined as "any type of media, be it written, photographed or filmed, which exploits the poor's condition in order to generate the necessary sympathy for selling newspapers or increasing charitable donations or support for a given cause")* of the suicide epidemic that plagues Native American Communities. The state mental department sometimes adds to the problems by contributing to the pill epidemic in Montana Communities and costing the state millions of dollars by taking Native Children out of their Communities.

- ✓ **According to the 2015 Montana State Suicide Plan, Mental health services are not easily accessible to American Indians and Alaska Natives, due to: lack of funding, culturally inappropriate services, mental health professional shortages and high turnover.**

- ✓ **Also the 2015 Montana State Suicide Plan identified, Culturally sensitive programs that strengthen family ties, including addressing substance abuse, could protect against suicide among American Indian adolescents.**

- ✓ **A study of American Indians living on reservations found that tribal spiritual orientation was a strong protective factor. Individuals with a strong tribal spiritual orientation were half as likely to report a suicide at-tempt in their lifetimes (SPRC, 2007).**

HB 509 would create a multiple community driven low cost models throughout the state of Montana to help both Native and Non-Native Communities. Most Native American Communities are blended with multiple races and neighboring communities participate in a lot of cultural events. Also this bill has accountability fraction, which will make sure the state is getting an adequate ROI.

The main goal of HB 509 is to keep the children in their community and their homes if possible. And save the state millions of dollars, which could be allocated to economic development projects.

- ✓ **In 2014, out of state residential care 292 days, 400 dollars a day, and 41 kids out of state in 2014 =approximately 4.8 million**

- ✓ **In 2014, In-state 310 dollars a day, 116 days, and 111 youth in state placement= approximately 4 million**

In speaking with various mental professionals, a majority of these statistics are Native American Youth. Even eliminating half of these numbers would save the state 4 million dollars, which could be used for other projects that could economically develop the state of Montana. Another name for House Bill 509 could be a stimulus bill because of the amount of money that could be saved through a community approach. This is a one-time funding bill so no that there is no long-term liability to the state of Montana and adds a competitive grants process.

I ask this committee for a pass and thank you for your time.

HOUSE BILL NO. 509

INTRODUCED BY C. SCHREINER

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR SUICIDE PREVENTION; ESTABLISHING THE NATIVE AMERICAN AND RURAL YOUTH SUICIDE PREVENTION PILOT PROJECT; REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO ADMINISTER THE GRANT PROGRAM; DEFINING SERVICES THAT QUALIFY FOR THE GRANT PROGRAM; REQUIRING REPORTS; PROVIDING AN APPROPRIATION; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND A TERMINATION DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. Native American and rural youth suicide prevention -- pilot project.** (1) There is a Native American and rural youth suicide prevention pilot project. The pilot program is a 2-year program. The purpose of the program is to use culturally based education, prevention, and intervention strategies to confront the risk of suicide in rural communities.

(2) The department shall administer a grant program to award four $75,000 grants to four programs. The grantee programs must use culturally based, trauma-informed, evidence-based techniques to reach out to Native American and rural youth who are at risk for suicide or attempted suicide. The grantee programs shall develop culturally sensitive psychotherapeutic strategies for use with Native Americans.

(3) The grantee programs shall focus on the continuum of prevention, intervention, and post-event assistance to Native American and rural individuals and families and Indian tribes. The grantees must identify and meet the specific needs of the community where they are based. The grantees' programs must include a community collaboration component.

(4) To be awarded a grant under this section, in addition to the requirements in subsections (2) and (3), each program selected must provide one or more of the following services:

(a) a 24-hour crisis line;

(b) training to first responders about suicide protocols;

(c) mental health crisis case management for a youth and the youth's family within 24 hours of identification of a crisis situation;

(d) evaluation and assessment of a youth who seeks help from the program or who has been referred

to the program using a culturally appropriate trauma screening to determine the services that are available to best meet the needs of the youth and the youth's family;

(e) a culturally based or trauma-informed, evidence-based program for suicide prevention to engage Native American youth in a practice approved by the tribal community or in the community at large; or

(f) short-term residential crisis stabilization services.

(5) Successful grantees are encouraged to maximize the impact of the grant funds by leveraging existing resources and forming partnerships with other state, local, and tribal entities.

(6) (a) Each grantee shall provide reports on the expenditure of grant funds, outcome measures, overall program progress, and other criteria set by the department. The department shall determine how often the grantees must provide the reports.

(b) The department shall compile the reports from the grantees and, pursuant to 5-11-210, present a final report on the pilot program to the children, families, health, and human services interim committee at the final meeting of the 2015-2016 interim. The final report must include the department's findings and recommendations, including a recommendation related to ongoing funding and the viability of medicaid funding for Indian health service providers.

NEW SECTION. **Section 2. Appropriation.** There is appropriated $300,000 from the general fund to the department of public health and humans services for the biennium beginning July 1, 2015, for the purposes described in [section 1]. Any remaining funds that are unencumbered as of June 30, 2017, must revert to the general fund.

NEW SECTION. **Section 3. Notification to tribal governments.** The secretary of state shall send a copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shell Chippewa tribe.

NEW SECTION. **Section 4. Effective date.** [This act] is effective on passage and approval.

NEW SECTION. **Section 5. Termination.** [This act] terminates June 30, 2017.

- END -

Other Populations in Montana with a high risk of Suicide

Suicide Among American Indians

U.S. Department of Health and Human Service. *To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults.* DHHS Publication SMA (10)-4480, CMHS-NSPL-0196, Printed 2010. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010.

Suicide is the second leading cause of death for American Indians for all ages.
Suicide was the reported cause of :

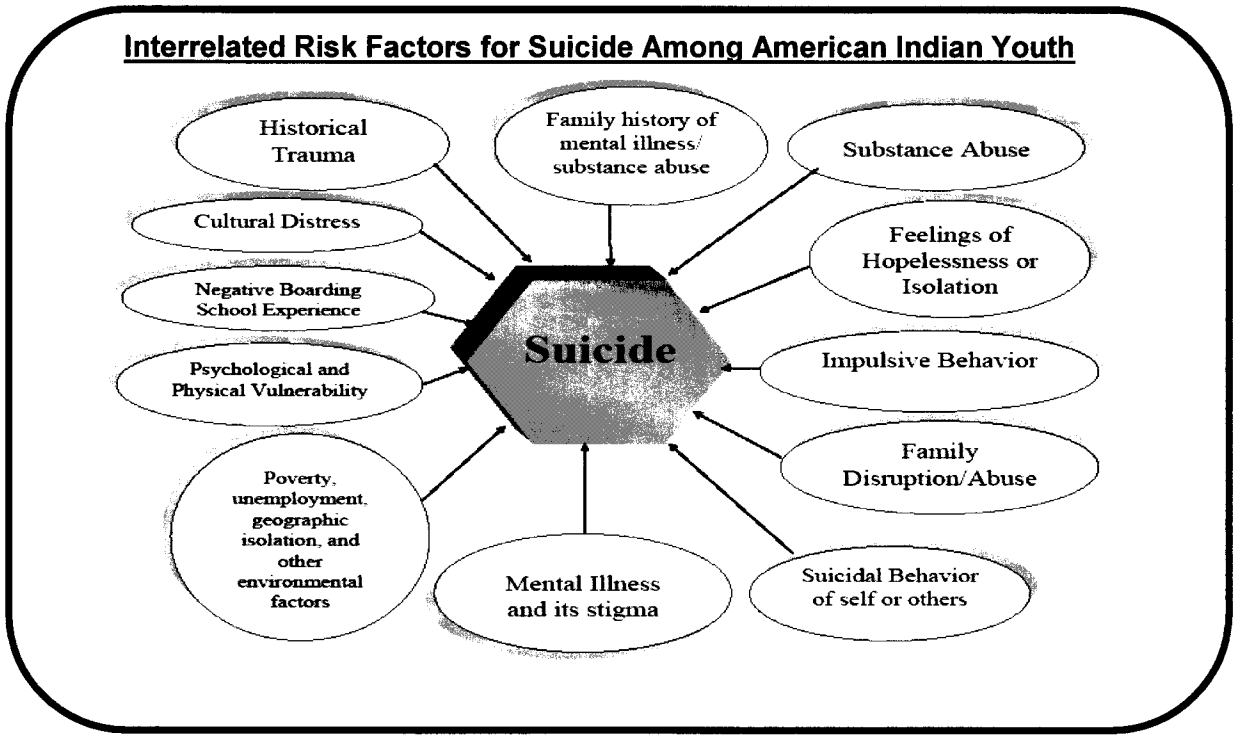
- 13.5% of the deaths of 10-14 year olds (7.2% for all races)
- 26.5% of the deaths of 15-19 year olds
- 15.9% of the deaths of 20-24 year olds; and
- 14.7% of the deaths of 25-34

Suicide rates were highest for American Indian male youth and young adults. The rate of suicide for American Indian males was:

- More than 2 ½ times higher than the average rate for 15-19 year olds (32.2% vs 12.6%)
- Nearly 1 ½ times higher than the average rate for 20-24 year olds (29.1% vs 20.8%); and
- More than 1 ½ times higher than the average rate for 25-34 year olds (31.1% vs 20.4%)
- Young people ages 15-24 make up 40% of all suicides in Indian Country

Youth Statistics

- According to the 2011 Youth Risk Behavior Survey, during the 12 months before the survey, 6.5%* of all Montanan students in grades 9 through 12 had made a suicide attempt.
- For American Indian students on reservations, 16.2% had attempted suicide one or more times in the twelve months before the survey.
- For American Indian students in urban settings, 18.9% had attempted suicide one or more times in the twelve months before the survey.
- From 2000 to 2009, American Indian/Alaska Native males in the 15 to 24 year old age group had the highest suicide rate, 30.99 per 100,000, compared to white (17.33 per 100,000), black (11.71 per 100,000), and Asian/Pacific Islander (9.51 per 100,000) males of the same age.



Interrelated Risk Factors for Suicide Among American Indian Youth

Adapted from Walker, D., Walker, P.S., & Bigelow, D (2006). *Native Adolescent Suicide Cofactors; Prevention and Treatment Best Practices.*

Risk factors can be divided into those that a community can change and those that it cannot change to reduce a person's risk of suicide. **Some changeable risk factors include; substance abuse, exposure to bullying and violence, and development of resiliency and problem-solving skills.**

Factors that cannot be changed include age, gender, and genetics. **While a community cannot change any of these factors, its members can be aware of the increased risk for suicide that these factors present**.

As taken from "*To Live To See the Great Day That Dawns*"*, within the American Indian community, the group with the highest risk for completing suicide is males between the ages of 15 and 24. The reasons why more males than females complete suicide are complex, but some possibilities include;

- Social pressure and family demands placed on males at an early age. Males may feel burdened by the expectations that they will be strong protectors and providers.
- The traditional role of males of any ethnic group is associated with greater risk-taking behaviors.
- Young males also appear more reluctant than young females to seek help. Whether this lack of help-seeking behaviors is the result of stigma, shame, conditioning, attitudes, or not wishing to appear weak, the outcome is the same – young males do not receive needed assistance.

As indicated before, historical trauma is also a risk factor for suicide. Historical trauma includes forced relocations, the removal of children who were sent to boarding schools, the prohibition of the practice of language and cultural traditions, and the outlawing of traditional religious practices. Today's American Indian youth are experiencing a new type of historical trauma in the form of poverty, substance abuse, violence, loss of language and disconnect from their culture.

What is important to understand is that although most young American Indians did not experience the historical trauma that their ancestors did, generational changes to the family system were caused that effect how families function. It is estimated that it took 7 generations for the historical trauma to get to where it is today and will take 7 generations to fix it.

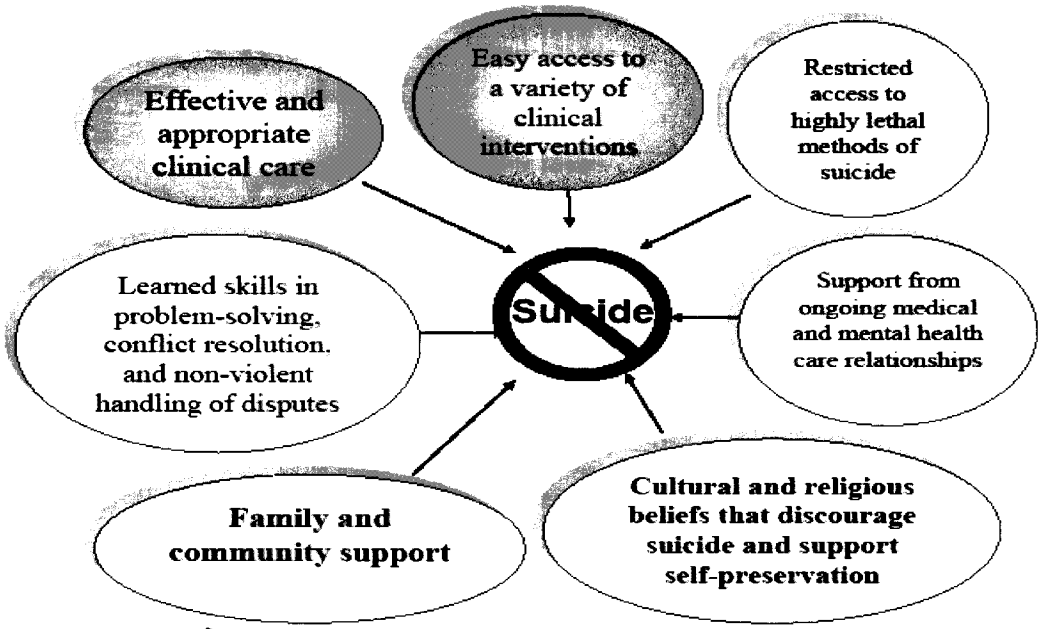
Historical trauma may also have an effect on the help-seeking behavior of American Indian youth. They may believe these services represent the "white man's" system and culture or that the professional will not understand Native ways. Not only do a majority of American Indians use traditional healing, they rate their healer's advice more than 60% higher than their physician's advice.

It is also important to remember the survivors of suicide. Research has indicated that for every suicide, there are 6 direct survivors. This is even more prominent in the American Indian community, where the direct survivors may be 25 or even the entire community. What is vital to know is that a survivor of suicide is three times the risk of completing suicide themselves.

*U.S. Department of Health and Human Service. *To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults.* DHHS Publication SMA (10)-4480, CMHS-NSPL-0196, Printed 2010. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010.

Protective Factors for Suicide Among American Indians

Although the reduction of risk factors is essential to any suicide prevention plan, research has indicated that adding protective factors is equally or more effective than decreasing risk factors in reducing suicide risk among American Indian youth. Common protective factors that have been found to prevent suicide include:



The most significant protective factors against suicide attempts among American Indian youth are the opportunity to discuss problems with family or friends, feelings connected to their family, and positive emotional health.

When a suicide has occurred, the possibility of suicide contagion is decreased by a healing process that involves the role of Elders and youth in decision-making, the presence of adult role models, and the use of traditional healing practices.

Native communities that succeed in taking steps to preserve their heritage culture and work to control their destinies are more successful in insulating their youth against the risk of suicide. Tribal influence over education, police and fire service, health delivery along with use of indigenous language and strong spiritual beliefs are protective and promote survival.

Mental Health Considerations

- When compared with other racial and ethnic groups, American Indian/Alaska Native youth have more serious problems with mental health disorders related to suicide, such as anxiety, substance abuse, and depression.
- Mental health services are not easily accessible to American Indians and Alaska Natives, due to:
    - lack of funding,
    - culturally inappropriate services,
    - mental health professional shortages and high turnover.

For these reasons, American Indians tend to underutilize mental health services and discontinue therapy.

Ethnic and Cultural Considerations

- According to the U.S. Commission on Civil Rights, American Indians continue to experience higher rates of poverty, poor educational achievement, substandard housing, and disease.

- Elements of acculturation - mission and boarding schools, weakening parental influence, separation from tribal elders, and dislocation from native lands - undermine tribal unity and have removed many safeguards against suicide that American Indian culture might ordinarily provide.

- There are very few evidence-based programs that are adapted for American Indian and Alaska Native cultures.

Strengths and Protective Factors

- The most significant protective factors against suicide attempts among American Indian/Alaska Native youth are:
    - discussion of problems with family or friends,
    - connectedness to family,
    - emotional health.
- Culturally sensitive programs that strengthen family ties, including addressing substance abuse, could protect against suicide among American Indian adolescents.

- A study of American Indians living on reservations found that tribal spiritual orientation was a strong protective factor. Individuals with a strong tribal spiritual orientation were half as likely to report a suicide attempt in their lifetimes (SPRC, 2007).

- School-based strategies: For American Indian and Alaska Native communities in particular, the lack of behavioral health access and geographic isolation can be addressed more effectively by forming integrated care models that center suicide prevention/intervention activities around the schools. School-based behavioral health care is a promising solution to these issues. Whenever possible, the best approach to school-based suicide prevention activities is teamwork that includes teachers, school health personnel, school psychologists and school social workers, working in close cooperation with behavioral health, community agencies, and families. School-based strategies include:

    - Suicide awareness curriculum (such as American Indian Life Skills Development, Native HOPE, SOS: Signs of Suicide, Yellow Ribbon)
    - Staff and faculty training (gatekeeper training such as QPR or ASIST)
    - Screening (Columbia Teen Screen)
    - On-site prevention and behavioral health programs/ services
    - Create a Crisis Intervention Team
    - Identify local crisis beds
    - Postvention